

Must be made up in duplicate for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

173

1. PLACE OF BIRTH

County Gila

State Ariz.

Township

or Village San Carlos

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mathew Allen

If child is not yet named, make supplemental report, as directed

3. Sex

Male

If plural births

4. Twin, triplet, or other

5. Number, in order of birth

6. Premature

Full term Yes

7. Legiti-

mate? Yes

8. Date of birth

9-28-30

(Month, day, year)

9. Full name

FATHER

Joseph Allen

18. Full maiden name

MOTHER

Madeline Logan

10. Residence (usual place of abode)

(If nonresident, give place and State)

San Carlos, Ariz.

19. Residence (usual place of abode)

(If nonresident, give place and State)

San Car 128

11. Color or race 4/4

Apache Indian

12. Age at last birthday 47

(Years)

20. Color or race 4/4

Apache Indian

21. Age at last birthday 2-3

(Years)

13. Birthplace (city or place)

Rice, Ariz.

(State or country)

22. Birthplace (city or place)

Rice, Ariz.

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

, 19

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

, 19

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn

28. If stillborn, period of gestation

{ months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that report the birth of this child, who was alive at 8:00A m. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed)

M. D.

or

Midwife

Given name added from 415-922-435 a supplemental report.

(Date of)

Address

Filed

10/30, 1930

Registrar.

Registrar.